

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-------------|--------|----------|
| FEE DETERMINATION | VINN TRJONG | 8 | 06-01-01 |
| O.I.P.E. CLASSIFIER | | 953 | 6-20-01 |
| FORMALITY REVIEW | TH | | 08-03-01 |
| RESPONSE FORMALITY REVIEW | M.H | 625 | 10-29-01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
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| Final Original | |
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| Claim | Date |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

530 06-01